



Health Alert



City of Chicago
Brandon Johnson, Mayor

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Chicago Department of Public Health
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Highly Pathogenic Avian Influenza (HPAI) A(H5N1) - Chicago January 24, 2025

Summary and Action Items

- Avian influenza A (H5N1) has been detected in several animals in Chicago, including at the [Lincoln Park Zoo](#). To date, there are no known human cases of H5N1 in Chicago.
- Providers should screen patients with flu-like symptoms for possible exposure to avian influenza in the last 10 days. If H5N1 infection is suspected, contact CDPH for guidance.
- Subtyping should be performed on influenza A-positive specimens from patients admitted to ICU. Subtyping should also be performed on unsubtypeable influenza A-positive specimens.

SUSPECT CASES: If you suspect a human H5N1 infection, call the CDPH Disease Reporting Hotline at 312-743-9000, option 2, for guidance and testing instructions. After hours, weekends, and holidays, call 311 and ask for the communicable disease medical director on-call (or 312-744-5000 if outside the City of Chicago).

OTHER TESTING: To request Influenza A subtyping for influenza A-positive ICU patients or patients with an unsubtypeable influenza specimen (see description below), complete this [REDCap Testing Request form](#).

BACKGROUND

Highly pathogenic avian influenza (HPAI) A(H5N1) (also known as “avian influenza” or “bird flu”) is the cause of an ongoing multi-state outbreak in poultry and dairy cattle and has been identified as the cause of [multiple waterfowl die-offs throughout Illinois](#) in December. In January, H5N1 was detected in two animals at the [Lincoln Park Zoo](#). In the United States, since 2024, there have been 67 confirmed cases in humans and 1 death. There has been no evidence of human-to-human transmission, human infections remain sporadic, and the risk to the general public is [low](#) at this time. People with unprotected exposure to an infected animal or environment where infected birds or other animals are present might have increased risk for H5N1 infection. The Chicago Department of Public Health (CDPH) continues to work with state and federal partners to identify and test symptomatic people with exposures to avian influenza.

When to suspect avian influenza infection: Providers should screen anyone presenting with flu-like symptoms for possible exposure to avian influenza during the 10 days before symptom onset.

Examples include:

- Any exposure to animals or people with confirmed H5N1 (Bird Flu)
- Direct contact with sick or dead birds, farm animals (such as chickens or cows), or other wild animals
- Consumption of raw (unpasteurized) milk or raw dairy products

Please see **provider screening algorithm** below for additional details.

Enhanced influenza surveillance:

- CDC has recommended accelerated subtyping of influenza A-positive specimens from hospitalized patients, particularly those in an intensive care unit (ICU), in a recent [health advisory](#). Healthcare facilities are encouraged to subtype influenza A specimens from hospitalized patients for H1/H3 in their own labs when possible.

- In addition, influenza specimens that are unsubtypeable should be submitted to the IDPH laboratory for diagnostic influenza A subtyping. **Please note: unsubtypeable specimens refer to those from molecular assays capable of detecting all currently circulating seasonal influenza A virus subtypes that identify an unsubtypeable result.** This does NOT refer to rapid Flu results, or results from assays incapable of subtyping.

TESTING

Routine influenza testing cannot normally distinguish between currently circulating seasonal influenza A strains (H1N1 and H3N2) and avian influenza (H5N1). In certain circumstances, influenza A subtyping and specific avian influenza testing may be warranted.

- **Suspected H5N1 infections:** Symptomatic patients with possible exposure to H5 (see provider algorithm) may be tested for H5 through the Illinois Department of Public Health (IDPH) laboratory with CDPH approval. If you suspect H5N1 infection in your patient, call the CDPH Disease Reporting Hotline at 312-743-9000, option 2, for guidance and testing instructions as soon as possible. After hours, weekends, and holidays, call 311 and ask for the communicable disease physician on-call (or 312-744-5000 if outside the City of Chicago).
- **Enhanced influenza surveillance:**
 - *Influenza ICU admissions:* Diagnostic influenza A subtyping at IDPH laboratory will be limited to specimens from patients who are critically ill (i.e. receiving intensive care). **Healthcare facilities are encouraged to subtype influenza A specimens from hospitalized patients for H1/H3 in their own labs when possible.** Influenza A-positive ICU patients for whom subtyping cannot be performed at a clinical or commercial laboratory can have influenza subtyping performed at IDPH laboratory. To request influenza subtyping at IDPH, please complete this [CDPH Flu A Subtyping Request Form](#). DO NOT SUBMIT A TEST TO IDPH WITHOUT A CDPH ISSUED AUTHORIZATION CODE.
 - *Unsubtypeable influenza specimens:* Influenza specimens that are unsubtypeable (**e.g., from molecular assays capable of detecting all currently circulating seasonal influenza A virus subtypes that identify an unsubtypeable result**) should be submitted to the IDPH laboratory for diagnostic influenza A subtyping. To request influenza subtyping at IDPH, please complete this [CDPH Flu A Subtyping Request Form](#). DO NOT SUBMIT A TEST TO IDPH WITHOUT A CDPH ISSUED AUTHORIZATION CODE.
 - *Virologic sentinel surveillance:* Hospitals and other clinical sites continue to be encouraged to participate in the Illinois virologic sentinel surveillance program which supports surveillance for novel flu. See [this page](#) for details and registration information.

Submissions for influenza A subtyping listed above, must be submitted to IDPH laboratory with a CDPH issued authorization code. Specimens submitted to IDPH laboratory without prior authorization by CDPH may be rejected. Please review the [IDPH - Manual of Services - Influenza Virus Molecular \(Page 34\)](#) prior to submission.

Virologic sentinel surveillance sites should continue to submit specimens as previously requested.

INFECTION PREVENTION AND CONTROL:

Patients with suspected or confirmed H5N1 should be placed on airborne and contact precautions with use of eye protection, in addition to standard precautions. Symptomatic patients who meet the screening criteria described above should immediately be placed in a single-patient airborne infection isolation room (AIIR). If an AIIR is not available, place patient in a single patient room with the door closed. All patients presenting with respiratory symptoms should be advised to practice respiratory hygiene and cough etiquette and don a facemask upon entry to the facility.

Healthcare personnel (HCP) entering the room or care area should perform hand hygiene before and after patient contact as well as don appropriate PPE: gloves, gown, respiratory protection (NIOSH-approved disposable N95 respirator or higher), and eye protection (e.g., goggles or face shield). HCP should use caution when performing aerosol-generating procedures.

Standard facility cleaning, disinfection, laundry, food service, and waste disposal processes should be followed. Once the patient vacates a room, unprotected individuals, including HCP, should not be allowed in that room for 2 hours or until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

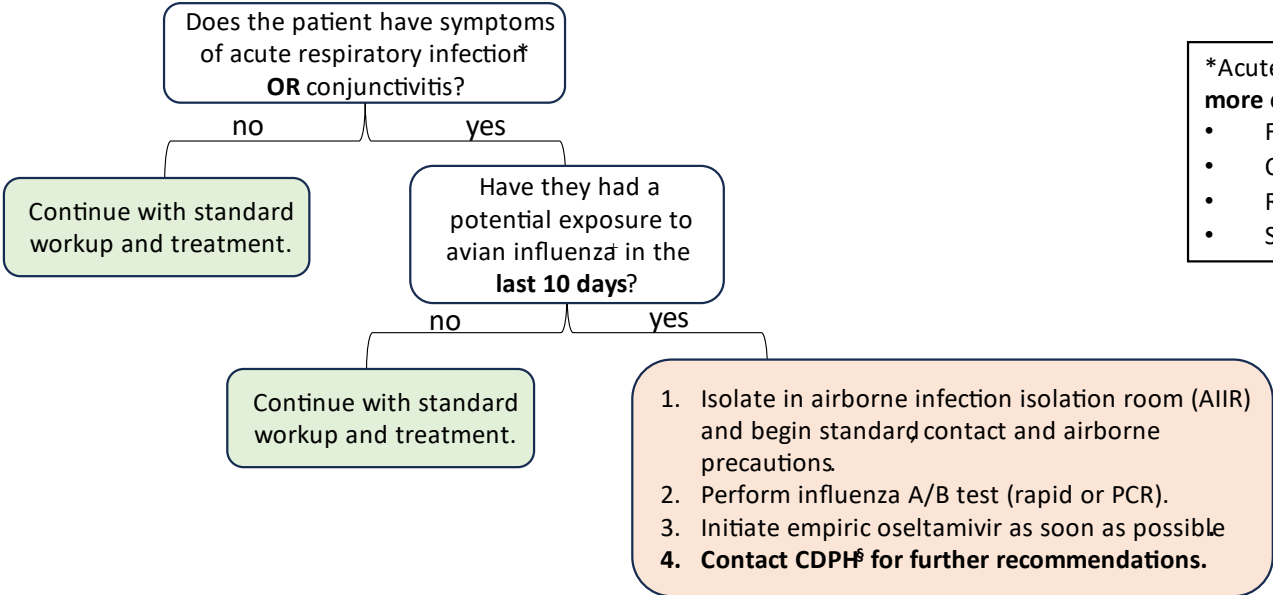
Reusable PPE and the care environment should be cleaned and disinfected with EPA-approved disinfectants ([List M](#)).

OSELTAMIVIR ANTIVIRAL TREATMENT:

Antiviral treatment with oral oseltamivir (twice daily x 5 days) should be initiated immediately for any patient with confirmed, probable, or suspected infection with HPAI A(H5N1) virus. Treatment should be initiated even if more than 48 hours have elapsed since illness onset and regardless of illness severity. Antiviral treatment should not be delayed while waiting for laboratory test results. Enterically administered oseltamivir is an option for patients as well. [Emergency Use Instructions \(EUI\) for Oseltamivir](#)

REPORTING AND CONTACT INFORMATION: For clinical questions contact the CDPH Disease Reporting Hotline at 312-743-9000, option 2. After hours, weekends, and holidays, call 311 and ask for the communicable disease medical director on-call (or 312-744-5000 if outside the City of Chicago).

Avian Influenza (H5N1) Screening for Symptomatic Patients



*Acute respiratory infection is **two or more** of the following:

- Fever
- Cough
- Runny nose or nasal congestion
- Sore throat

- + Situations with potential exposure to avian influenza (H5N1):
- Any exposure to animals or people with confirmed H5N1 (Bird Flu)
 - Direct contact with sick or dead birds, farm animals (such as chickens or cows), or other wild animals.
 - Exposure may include direct contact with potentially infected sick or dead birds, livestock, or other animals (e.g., handling, slaughtering, defeathering, butchering, culling); direct contact with water or surfaces contaminated with feces or parts (carcasses, internal organs, etc.) of potentially infected animals; or prolonged proximity to potentially infected birds or other animals in a confined space.
 - Consumption of raw (unpasteurized) milk or raw dairy products
- [Highly Pathogenic Avian Influenza A\(H5N1\) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations | Bird Flu | CDC](#)

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